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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36024

FILED DEC 14 1948

Registration District No. 46 Primary Registration District No. 5348 Registrar's No. 87

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Dallas
(b) City or town Grant Township (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community — Four years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Dallas
(c) City or town Rural (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME Leo H. Coke
3. (b) If veteran, name war
3. (c) Social Security No. —

4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Virgie Coke
6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased Nov. 4 1888 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
60		5	hr. min.

9. Birthplace Lead Hill. Ark. / (City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business

FATHER
12. Name Joe Coke. /
13. Birthplace Sharp Co. Ark. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Safelee Smith
15. Birthplace Lead Hill Ark. / (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Leo H. Coke
(b) Address Louisburg Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11-10-48 (Month) (Day) (Year)
(c) Place: burial or cremation Harrison Ark.
18. (a) Signature of funeral director Hal Byrns
(b) Address Yellville Ark.
19. (a) 12/11/48 (Date received local registrar) (b) Mrs J. B. James (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 10 year 1948 hour 1 minute 30 a.M.

21. I hereby certify that I attended the deceased from 11/10 1948 to 11/10 1948 that I last saw him alive on 11/10 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral apoplexy	1 day
Due to	
Due to Chronic Hypertension	2 yrs

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury

23. Signature A. Glover (M. D. or other) MD
Address Urbana Mo Date signed 11/10/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 11-48-1435
Date Filed 12-13-48

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Clyde Montgomery

Licensed Embalmer No. 3592

P. O. Address Buffalo, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.